

# Foster Family Home - Corrective Action Report

Provider ID: 1-210040

Home Name: Rosemarie Flesta, NA

94-692 Kehela Street

Waipahu

HI 96797

Review ID: 1-210040-1

Reviewer: David Ayling

Begin Date: 4/29/2021

Foster Family Home Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Home inspection for a new 2 person CCFFH certification. All requirements were met at the time of inspection. Home will receive a 2 bed certification.

Compliance Manager

Primary Care Giver

Date

Date